

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Delbert Hosemann

SECRETARY OF STATE

RECEIVED

MAY 09 2011

Secretary of State
DATE
Capitol Office

Name of Candidate

John Mayo Clarkdale

Address

803 West Second County Bahama

Telephone

662 902 8633

Fax

Office Sought

House District 25

Email Address

john@johnmayo.com

Party

Democrat

☐ Check here if above is different from previous report

- ☒ **May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011) _____ Mandatory
- ☐ **June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011) _____ Mandatory
- ☐ **July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011) _____ Mandatory
- ☐ **July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011) _____ Primary Candidates
- ☐ **August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011) _____ Runoff Candidates Only
- ☐ **October 10, 2011 Periodic Report** (July 24, 2011, through September 30, 2011) _____ Mandatory
- ☐ **November 1, 2011 Pre-Election Report** (October 1, 2011, through October 23, 2011) _____ Mandatory
- ☐ **November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) _____ Runoff Candidates Only
- ☐ **January 10, 2012 Periodic Report** (October 30, 2011, through December 31, 2011) _____ Mandatory
- ☐ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	0 + \$ 200 ⁰⁰	\$ 200 ⁰⁰	\$ 200 ⁰⁰
Total amount of disbursements \$	1093.54 + \$ 279 ⁰⁰	\$ 1372.54	\$ 1372.54
Total amount of cash on hand	\$ 435.76		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

SEND TO : 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

John Mayo

Reporting period

May 10, 2011
Jan 1, 2011

through

Apr 30, 2011

ITEMIZED DISBURSEMENTS

A. Full name	<u>US Network</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>01/05/11</u>	\$
City, State, Zip Code	<u>Jackson, Ms</u>		\$ <u>1093.54</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$